

GEORGIA INSURANCE DEPARTMENT
PREMIUM TAX UNIT
916 WEST TOWER, #2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GEORGIA 30334

1998 ANNUAL PREMIUM TAX RETURN
DUE MARCH 1, 1999

Report of _____, chartered in the state
of _____ showing gross direct premiums received and premium tax due in the state of Georgia for the year ended December 31, 1998.

TYPE OF COMPANY: LIFE AND A&S _____ HMO _____ P&C, SURETY OR CAPTIVE _____ TITLE _____ OTHER _____

COMPANY NAIC NUMBER: _____

1. Gross Direct Premium received on policies issued, excluding annuities.*..... <u>*(Attach reconciliation statement if premiums do not agree with annual statement. See instructions for definition of premium.)</u>	\$ _____
2. Less Premiums returned and dividends paid.....	_____
3. Taxable Premiums (Line 1 minus Line 2).....	_____
4. Amount of Premium Tax (Line 3 times .0225).....	\$ _____
ABATEMENTS AND DEDUCTIONS	
5. Allowed under O.C.G.A. §33-8-5 as shown on Form GID-14.....	\$ _____
6. Allowed under O.C.G.A. §33-8-7 as shown on Form GID-15 (Domestic P & C only).....	_____
7. Allowed under O.C.G.A. §33-8-8 as shown on Form GID-17A (Life, A&S, and HMO only).....	_____
8. Life and A & S Guaranty Assessments Paid - O.C.G.A. §33-38-22 (See instructions.).....	_____
9. County/Municipal Taxes Paid to Commissioner in 1998 O.C.G.A. §33-8-8.1 (Life, A&S, and HMO only).....	_____
10. TOTAL ABATEMENTS AND DEDUCTIONS.....	\$ _____
11. Premium Tax Net of Abatements and Deductions (Line 4 minus Line 10) (If negative, enter 0.00).....	\$ _____
12. Retaliatory Tax required by O.C.G.A. §33-3-26 as shown on Form GID-13.....	_____
13. Total Tax Liability (Line 11 Plus Line 12) (If negative, enter 0.00).....	\$ _____
PREPAYMENTS AND CREDITS	
14. (a) Prepayment Quarter 1 \$ _____ (Do not include overpayment credit applied)	_____
(b) Prepayment Quarter 2 _____ (Do not include overpayment credit applied)	
(c) Prepayment Quarter 3 _____ (Do not include overpayment credit applied)	
(d) Prepayment Quarter 4 _____ (Do not include overpayment credit applied)	
(e) Prior Year Overpayment _____ (From Form GID-12, Line 16 if negative)	
15. TOTAL PREPAYMENTS AND CREDITS (Sum of Lines 14a through 14e).....	\$ _____
16. BALANCE DUE (Line 13 minus Line 15) (IF POSITIVE AMOUNT, ATTACH CHECK FOR THIS AMOUNT).....	\$ _____
17. Quarterly Breakdown of Premium Collections. (Required of all insurance companies regardless of tax payment method used on quarterly prepayments. Breakdown total must equal Line 3)	
(a) Quarter 1 \$ _____	(c) Quarter 3 \$ _____
(b) Quarter 2 \$ _____	(d) Quarter 4 \$ _____
(e) TOTAL COLLECTIONS \$ _____	

State of _____ County of _____

Before me personally appeared _____ who, being duly sworn, deposes and says that
Deponent Name (Please Print)

he/she is the _____ of _____, and
Title (Please Print) Insurance Company (Please Print)

that the foregoing information is true and correct.

Sworn and subscribed before me this _____ day of _____, 19_____

Notary Public (Signature)--(Attach Seal)

Deponent (Signature)

**INSTRUCTIONS FOR FORM GID-12
(1998 ANNUAL PREMIUM TAX RETURN)**

PREMIUM TAX CALCULATION

1. Enter company name and State of Domicile in the spaces provided.
2. Enter Gross Direct Premiums received on policies issued without any deductions allowed for premium abatements of any kind or character or for reinsurance or for cash surrender values paid, or for losses or expenses of any kind on Line 1. Include any assessment, or any membership, policy, survey, inspection, service or similar fee or charge. Exclude premiums for annuities. Provide a statement of reconciliation if premiums entered on Line 1 do not agree with premiums for Georgia as shown on Schedule T of the annual statement.
3. Enter on Line 2 returned premiums or assessments, including all policy dividends, refunds, or other similar returns paid or credited to policyholders and not reapplied as premium for additional or extended life insurance. A negative amount on Line 2 will serve to increase taxable premiums.(O.C.G.A. §33-8-4)
4. Calculate the Taxable Premiums by subtracting Line 2 from Line 1. Enter the calculated amount on Line 3.
5. Calculate the Premium Tax Due by multiplying Line 3 by .0225. If the calculated amount is positive, enter the amount on Line 4.

ABATEMENTS AND DEDUCTIONS

6. Before completing Line 5, calculate the abatement percentage available using Form GID-14. Enter the amount shown on Form GID-14, Line 7a or 7b on Line 5. Attach Form GID-14 and all information required to support the abatement. If the abatement percentage calculated on Form GID-14 is at least 25% and less than 75%, the available abatement is Line 3 times .01. If the abatement percentage calculated on Form GID-14 is at least 75%, the available abatement is Line 3 times .0175.
7. Before completing Line 6, calculate the total retaliatory taxes paid to foreign states for the 1998 tax year using Form GID-15. Form GID-15 is only applicable to Georgia domiciled companies issuing policies as described in the top section of Form GID-15. If the Total Retaliatory Tax Paid as reflected on Form GID-15 is greater than zero, enter the amount on Line 6. Attach Form GID-15 and proof of payment of all retaliatory taxes claimed.
8. Before completing Line 7, calculate the total license fees paid to municipalities during 1998 using Form GID-17A. Form GID-17A is ***only applicable to Life, A&S, and HMO companies***. If the total license fees paid as reflected on the Form GID-17A is greater than zero, enter the amount on Line 7. Attach Form GID-17A to support the deduction claimed.
9. Before completing Line 8, calculate the amount of deduction of Life and Health Guaranty Assessments available using Form GID-50. If the Total Credit To Be Taken as reflected under Column E on Form GID-50 is greater than zero, enter the amount on Line 8. Attach GID-50 to support the deduction claimed.
10. On Line 9, enter the amount of County/Municipal taxes paid during 1998. Line 9 is ***only applicable to Life, A&S, and HMO companies***. Companies other than Life, A&S, and HMO should claim any County/Municipal taxes paid in 1998 in Column 1 of Form GID-13.
11. Calculate the Total Abatements and Deductions by adding Lines 5, 6, 7, 8, and 9. Enter the sum on Line 10.

CALCULATION OF TOTAL TAX LIABILITY

12. Calculate the Premium Tax Net of Abatements and Deductions by subtracting Line 10 from Line 4. If the calculated amount is positive, enter the amount on Line 11. If the calculated amount is negative, enter 0 on Line 11.
13. Before completing Line 12, calculate the amount of retaliatory tax due using Form GID-13. Form GID-13 is applicable to all foreign and alien insurers. Enter the amount of retaliatory tax due on Line 12. Attach Form GID-13 to support the retaliatory tax calculation.
14. Calculate the total tax liability by adding Lines 11 and 12. If the calculated amount is positive, enter the amount on Line 13. ***If the calculated amount is negative, enter 0 on Line 13.***

PREPAYMENTS AND CREDITS

15. On lines 14a, 14b, 14c, and 14d, enter the amounts actually paid with the First, Second, Third, and Fourth Quarter Statements of Quarterly Premium Tax, respectively. Do not include overpayment credits applied.
16. On Line 14e, enter the amount of non-refunded overpayment, if any. The amount of overpayment should be equal to the amount of Line 16 on the 1997 Form GID-12, plus/minus any audit adjustments or refunds made by the Insurance Commissioner's Office of Georgia.
17. Calculate the Total Prepayments and Credits by adding amounts on Lines 14a, 14b, 14c, 14d, and 14e. Enter the calculated amount on Line 15.

BALANCE DUE

18. Calculate the Balance Due by subtracting Line 15 from Line 13. Enter the calculated amount on Line 16. If the amount on Line 16 is greater than zero, please enclose your check payable to: ***Georgia Insurance Department***. If the amount is negative, you may apply the overpayment to future state premium tax payments. Refunds may only be requested in writing under ***separate cover***.

QUARTERLY BREAKDOWN OF PREMIUM COLLECTIONS

19. Lines 17a, 17b, 17c, and 17d – Provide the amount of premiums collected in the first, second, third, and fourth quarter, respectively. Enter the total of Lines 17a, 17b, 17c and 17d on Line 17e. Line 17e must equal Line 3.

FILING INSTRUCTIONS

20. Complete information in the bottom section of the form. Have form signed and notarized. Incomplete forms will be returned.
21. Mail completed form along with payment to the address shown at the top of form by March 1, 1999. To avoid penalties and interest, have form postmarked with a U.S.P.S. postmark–NOT IN-HOUSE POSTAGE EQUIPMENT–no later than March 1, 1999.

DO NOT INCLUDE THIS FORM IN ANNUAL STATEMENT FILING.

DO NOT REMIT ANNUAL LICENSE FEE OR FILING FEES WITH PREMIUM TAX PAYMENT.

ANY CHECKS RECEIVED WHICH INCLUDE LICENSE FEES OR FILING FEES WILL BE RETURNED.

**NOTE:If you have any questions regarding the completion of this form, please call
(404)656-7553.**